

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

214  
402  
Lobbyist's Registration Number**FOR OFFICE USE ONLY**Postmark Date: 1-31-00  
Rex  
#4173  
KSD**Instructions**

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Munson Louise L.  
Last First MI
2. BUSINESS PHONE (225) 867-4522  
Area Code and Phone Number
3. BUSINESS ADDRESS 660 Florida Blvd. Baton Rouge LA 70801-1709  
Street and No. City State Zip
- MAILING ADDRESS 660 Florida Blvd. - Baton Rouge, LA 70801-1709  
Street and No. City State Zip
4. EMPLOYER Louisiana Association of Broadcasters
5. EMPLOYER'S ADDRESS 660 Florida Blvd. Baton Rouge, LA 70801-1709  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name LA. Assn of Broadcasters  
Address 660 Florida Blvd, Baton Rouge, LA 70801  
Business or purpose Assn represents Radio & TV stations  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_

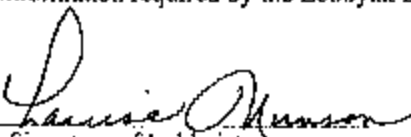
# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

